

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL

681 327092
APPLICANT(S)

FILING DATE

10/21/54

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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38						
39						
40						
41	1					
42		1				
43		1				
44		1				
45		4				
46		4				
47		4				
48		4				
49		4				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
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97						
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99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	30	←		←		←
TOTAL CLAIMS	32					